



## Campaign Finance Section Financial Report

Financial Reports are required to be submitted to the Campaign Finance Section of the Office of the State Election Commissioner by all Candidates, Committees, and Organizations. Late or incomplete reports are subject to fines levied by the Commissioner's Office, so please be sure to check all applicable deadlines and file on time. Add extra sheets if necessary.

Full Organization Name: Friends to Elect Dennis Cordrey

Account Number: \*\*\*\*\* Date of this Report: 10/04/2010

Reporting Period Start: 07/12/2010 Reporting Period End: 10/04/2010

Office: County Council - Sussex County / District 05

Check the box that applies to this report:

Primary Election	<u>      </u> 8-DAY	<u>      </u> 30-DAY
General Election	<u>      </u> 8-DAY	<u>  X  </u> 30-DAY
Other Election	<u>      </u> 8-DAY	<u>      </u> 30-DAY
Special Election	<u>      </u> 8-DAY	<u>      </u> 30-DAY
	<u>      </u> YEAR END	

Final Organization Closing:	<u>      </u> YES	<u>  X  </u> NO	Closing Date:	<u>                    </u>
Amendment:	<u>      </u> YES	<u>  X  </u> NO		

I authorize that all information included in this Financial Report package is accurate and correct. I agree to abide by all rules and regulations regarding Campaign Finance and the election process in the State of Delaware. I understand that representatives from the Office of the State Election Commissioner will perform an audit of all information provided on this report.

TREASURER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CANDIDATE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



## STATEMENT OF ACCOUNT BALANCE

Account Number:	*****	Reporting Period:	07/12/2010 FROM	10/04/2010 TO
1. BEGINNING BALANCE (Ending Balance from last reporting period)				\$0.00
2. RECEIPTS:				
A. SCHEDULE A - TOTAL RECEIPTS				\$8,189.00
B. SCHEDULE C-1 - TOTAL IN-KIND RECEIPTS				\$75.00
C. SCHEDULE D-1 - TOTAL LOANS RECEIVED				\$5,350.00
D. SCHEDULE E - TOTAL EXPENSE REIMBURSEMENTS RECEIVED				\$0.00
E. SUBTOTAL (Total of A,B,C,D)				\$13,614.00
3. EXPENDITURES:				
F. SCHEDULE B - TOTAL EXPENDITURES				\$10,146.47
G. SCHEDULE C-2 - TOTAL IN-KIND EXPENDITURES				\$75.00
H. SCHEDULE D-2 - TOTAL LOAN PAYMENTS				\$0.00
I. SCHEDULE E - TOTAL EXPENSE REIMBURSEMENTS PAID				\$0.00
J. SUBTOTAL (Total of F,G,H,I)				\$10,221.47
4. ENDING BALANCE (Beginning Balance plus 2E minus 3J)				\$3,392.53
5. VALUE OF NON-CASH ASSETS (From Schedule F)				\$0.00
6. VALUE OF DISPOSED/TRANSFERRED ASSETS (From Schedule G)				\$0.00
7. VALUE OF LOANS AT END OF PERIOD (Loan Balance From Schedule D-2)				\$5,350.00
8. CLOSE OUT BALANCE (Must equal zero if committee closed)				\$8,742.53



## SCHEDULE A - TOTAL RECEIPTS

Account Number: \*\*\*\*\* Reporting Period: 07/12/2010 10/04/2010  
FROM TO

Itemize all receipts over \$100 for the reporting period. Receipts from sales of items must be itemized if they are over \$50. NOTE: If you receive funds from the same person or organization several times during the reporting period, each item must be listed if the **aggregate** amount is over \$100, even if the individual amounts are not.

### RECEIPTS IN EXCESS OF \$100:

Date Received	Contributor Name	Contributor Mailing Address	Aggregate Amount	Amount Received
08/02/2010	Edward M. Steen	32306 Hitch Pond RD Laurel, DE 19956	\$600.00	\$600.00
08/02/2010	Susan L. Steen	32606 Hitch Pond Rd Laurel, DE 19956	\$600.00	\$600.00
08/02/2010	Roland J Hill Revocable Trust	34075 Horsey Church Rd Laurel, DE 19956	\$100.00	\$100.00
08/06/2010	Southeastern Sussex Democratic Club- Shore Democrats	P.O. Box 1543 Ocean View, DE 19970	\$500.00	\$500.00
08/06/2010	38th Democratic Representative District	P.O. Box 837 Ocean View, DE 19970	\$600.00	\$600.00
08/11/2010	41st Representative Democratic District Committee	23 Abby Road Millsboro, DE 19966	\$600.00	\$600.00
08/11/2010	Donald L. Ward	25051 Ward Farm LN Millsboro, DE 19966	\$200.00	\$200.00
08/11/2010	Mark H Cordrey	33051 Cowhouse Branch Rd Millsboro, DE 19966	\$200.00	\$200.00
09/01/2010	George J. Collins	4986 Sharptown Rd Laurel, DE 19956	\$200.00	\$200.00
09/15/2010	J & Y Parker Family LTD Partnership	P.O. Box 1582 Millsboro, DE 19966	\$500.00	\$500.00
09/15/2010	The Friends of Kay Ryan	38703 Newport Village Dr Frankford, DE 19945	\$500.00	\$500.00
09/24/2010	Martha B. Keller	1312 Bora Bora St Fenwick Island, DE 19944	\$500.00	\$500.00
09/24/2010	Melissa J. Robinson	23 Highland Cir Newark, DE 19713	\$600.00	\$600.00
09/24/2010	Peter J. Keenan	38230 Rock Elm Dr Keen-Wik-On-The-Bay Selbyville, DE 19975	\$200.00	\$200.00

09/24/2010	Robert Chin	P.O. Box 1213 Ocean View, DE 19970	\$100.00	\$100.00
10/04/2010	R.S.C Farms	P.O. Box 486 Millsboro, DE 19966	\$200.00	\$200.00
<b>TOTAL RECEIPTS IN EXCESS OF \$100</b>				<b>\$6,200.00</b>
<b>TOTAL RECEIPTS NOT IN EXCESS OF \$100</b>				<b>\$1,989.00</b>
<b>GRAND TOTAL RECEIPTS</b> <b>(TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2A)</b>				<b>\$8,189.00</b>



## SCHEDULE B - TOTAL EXPENDITURES

Account Number: \*\*\*\*\* Reporting Period: 07/12/2010 10/04/2010  
FROM TO

Itemize all expenditures over \$100 for the reporting period. All expenditures to Political Committees must be itemized, regardless of the amount. NOTE: IF you expend funds to the same person or organization several times during the reporting period, each item must be listed if the **aggregate** amount is over \$100, even if the individual amounts are not.

### EXPENDITURES IN EXCESS OF \$100:

Date Expended	Payee Name	Payee Mailing Address	Aggregate Amount	Amount Expended
07/12/2010	SCDEC - Filing Fee	38230 Rock Elm Drive Selbyville, DE 19975	\$1,043.00	\$1,043.00
08/11/2010	All Out Sports	32183 Dupont Blvd Unit 10 Dagsboro, DE 19939	\$250.00	\$250.00
08/13/2010	TechGas	22251 Lewes Georgetown Hwy Georgetown, DE 19947	\$149.95	\$149.95
08/16/2010	Media Choice	P.O. Box 1472 Seaford, DE 19973	\$742.00	\$742.00
09/02/2010	Campaignpros	3105 18th Avenue Rock Island, IL 61201	\$4,820.20	\$821.15
08/24/2010	Laurel Lions Club	31242 Chipman Chase Drive Laurel, DE 19956	\$105.00	\$105.00
09/29/2010	Indian River Football Boosters	c/o Michelle Stiffens 4 Edward Lane Ocean View, DE 19970	\$100.00	\$100.00
09/20/2010	4 Imprint	101 Commerce St P.O.Box 320 Oshkosh, WI 4901	\$493.06	\$493.06
09/23/2010	All Out Sports	32183 Dupont Blvd Unit 10 Dagsboro, DE 19939	\$500.00	\$250.00
09/23/2010	Vista Print	vistaprint.com	\$639.67	\$564.64
08/01/2010	Handy Advertising	6905 NW 25th ST Miami, FL 33122	\$239.99	\$239.99
08/03/2010	Campaignpros	3105 18th Ave Rock Island, IL 61201	\$927.91	\$927.91
08/12/2010	Campaignpros	3105 18th Ave Rock Island, IL 61201	\$3,999.05	\$3,071.14
09/24/2010	Henninger Printing Co., Inc	208 Main St., P.O. Box 550 Millsboro, DE 19966	\$200.00	\$200.00
09/08/2010	Vista Print	vistaprint.com	\$75.03	\$75.03

09/18/2010	Lowes	26688 CenterView Dr. Millsboro, DE 19966	\$99.00	\$99.00
09/20/2010	Lowes	26688 CenterView Dr Millsboro, DE 19966	\$168.30	\$69.30
09/27/2010	State Democratic Committee	382 Rock Elme Dr Selbyville, DE 19975	\$250.00	\$250.00
<b>TOTAL EXPENDITURES IN EXCESS OF \$100</b>				<b>\$9,451.17</b>
<b>TOTAL EXPENDITURES NOT IN EXCESS OF \$100</b>				<b>\$695.30</b>
<b>GRAND TOTAL EXPENDITURES</b> <b>(TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3F)</b>				<b>\$10,146.47</b>





## SCHEDULE C-2 - TOTAL IN-KIND EXPENDITURES

Account Number: \*\*\*\*\* Reporting Period: 07/12/2010 10/04/2010  
FROM TO

Itemize all goods and services expended at no charge or less than fair market value in excess of \$100 for the reporting period. NOTE: If you pay in-kind expenditures to the same person or organization several times during the reporting period, each item must be listed if the **aggregate** amount is over \$100, even if the individual amounts are not.

### IN-KIND EXPENDITURES IN EXCESS OF \$100:

(NOTE: ESTIMATED VALUE EXPENDED IS FAIR MARKET VALUE LESS ANY PAYMENTS YOU RECEIVED FOR THE GOODS OR SERVICES)

Date Expended	Payee Name	Payee Mailing Address	Description of Expenditure	Est. Amount Expended
TOTAL EXPENDITURES IN EXCESS OF \$100				\$0.00
TOTAL EXPENDITURES NOT IN EXCESS OF \$100				\$75.00
GRAND TOTAL EXPENDITURES (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3G)				\$75.00





## SCHEDULE D-1 - LOANS RECEIVED

Account Number: \*\*\*\*\* Reporting Period: 07/12/2010 10/04/2010  
FROM TO

All loans in excess of \$50 **RECEIVED DURING THIS REPORTING PERIOD** should be itemized on this schedule. NOTE: These loans must also be listed on Schedule D-2.

### LOANS RECEIVED IN EXCESS OF \$50:

Date Received	Lender	Endorser	Description of Security	Int. Rate	Amount Received
07/12/2010	Dennis Cordrey 23709 IndianTown Rd Millsboro, DE 19966		Unsecured	0.00%	\$5,350.00
<b>TOTAL LOANS RECEIVED</b> (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2C)					<b>\$5,350.00</b>



## SCHEDULE D-2 - LOANS

Account Number: \*\*\*\*\* Reporting Period: 07/12/2010 10/04/2010  
 FROM TO

All outstanding loans in excess of \$50 must be listed. This includes loans from Lending Institutions, Candidates Personal Funds and Other Contributors.

### LOANS IN EXCESS OF \$50:

Date Rec'd	Lender	Endorser	Description	I n t Rate	Orig. Loan Amt	Payments Made	Balance
07/12/2010	Dennis Cordrey 23709 Indian Town Rd Millsboro, DE 19966		Unsecured	0.00%	\$5,350.00	\$0.00	\$5,350.00
<b>TOTAL LOANS</b> (TOTAL PAYMENTS MADE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCT BALANCE, ITEM 3H. TOTAL LOAN BALANCE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCT BALANCE, ITEM 7.)					<b>\$5,350.00</b>	<b>\$0.00</b>	<b>\$5,350.00</b>



## SCHEDULE E - EXPENSE REIMBURSEMENTS

Account Number: \*\*\*\*\*

Reporting Period:

07/12/2010

FROM

10/04/2010

TO

All expense reimbursements received by you and paid by you must be itemized.

### REIMBURSEMENTS RECEIVED (Monies paid to you as reimbursements for expenses you incurred.)

Date Received	Reimburer	Description of Activity	Activity Date	Total Expense	Reimbursement
TOTAL REIMBURSEMENTS RECEIVED (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2D.)					

### REIMBURSEMENTS PAID (Monies paid by you to reimburse others for expenses they incurred.)

Date Paid	Payee	Description of Activity	Activity Date	Total Expense	Reimbursement
TOTAL REIMBURSEMENTS PAID (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3I.)					



## SCHEDULE F - NON-CASH ASSETS

Account Number: \*\*\*\*\*

Reporting Period: 07/12/2010  
FROM

10/04/2010  
TO

Itemize all non-cash assets owned by the organization including those paid for by the organization, lent to the organization and contributed to the organization.

### LIST ALL NON-CASH ASSETS

Date Received	Description of Asset	Location of Asset (Physical Address)	Value of Asset
TOTAL ASSET VALUE (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 5.)			



## SCHEDULE G - ELIMINATION OF ASSETS

Account Number: \*\*\*\*\*

Reporting Period: 07/12/2010  
FROM

10/04/2010  
TO

Itemize all non-cash assets disposed of, transferred or sold by the organization during the reporting period.

### LIST ALL ELIMINATED ASSETS

Date Eliminated	Description of Asset	Disposition of Asset	Value Received
TOTAL ASSETS ELIMINATED (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 6.)			